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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/GB04/00521 02/10/2004 OK. M.A.

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

UNITED KINGDOM 0302872.7 02/10/2003 OK. M.A.

\*\* SMALL ENTITY \*\*

|   |  |                        |                       |                            |
|---|--|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no   | STATE OR<br>COUNTRY<br>UNITED<br>KINGDOM | SHEETS<br>DRAWING<br>4 | TOTAL<br>CLAIMS<br>29 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions<br>met<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance |  |                        |                       |                            |
| Verified and<br>Acknowledged<br><br>Examiner's Signature <u>Melanie Davis M.A.</u> Initials   |  |                        |                       |                            |

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## TITLE

Treatment of inflammatory bowel disease

|                                   |   |   |
|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>675 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |
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